

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 05/24/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 05/27/2004						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404901	SMOKY MOUNTAINM	8505	2925	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8931	281	AMTNC INELIGIBLE TO RECEIVE SE	372	3511	4457	946
				RVICES IN IPRS.				
		8599	134	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***				
	UNITY							
		0	0		0	0	0	0
3404904	WESTERN HIGHLAN	21	965	DUPLICATE OF CLAIM-SYSTEM				
	DS LME							
		8505	480	CLAIM DENIED DUE TO INSUFFICIE	112	2229	2347	118
				NT BUDGET				
		8599	346	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404905	TREND COMM MENT	8326	138	ATTENDING PROVIDER NUMBER IS R				
	AL HLTH CTR			EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
		191	8	CLIENT ID NUMBER DOES NOT MATC	0	146	146	0
				H PATIENT NAME				
3404907	RUTHERFORD-POLK	21	211	DUPLICATE OF CLAIM-SYSTEM				
		8599	23	DETAIL NOT COVERED BY COMBINAT	36	308	615	307
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	19	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404910	PATHWAYS	8505	7104	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8800	423	FURTHER PROCESSING NECESSARY,	2	7534	7999	465
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8931	2	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404912	CATAWBA COUNTYM	11	802	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599	163	DETAIL NOT COVERED BY COMBINAT	208	1194	2162	968
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	119	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404913	MECKLENBURG COM	8505	2392	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8931	763	AMTNC INELIGIBLE TO RECEIVE SE	1273	4709	9872	5163
				RVICES IN IPRS.				
		8935	404	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				

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3404916	CROSSROADS BEHA VIOAL REAL	21	146	DUPLICATE OF CLAIM-SYSTEM				
		8599	70	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	4	288	2927	2639
		8505	25	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404917	CENTERPOINT HUM AN SERVICES	8599	4862	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	2275	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1779	12156	13121	965
		8935	1540	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404918	ROCKINGHAM CO M ENTAL HEALT	8505	1231	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	187	CLIENT NOT ELIGIBLE ON SERVICE DATE	8	1468	1733	265
		8800	30	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	4339	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	368	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	150	5123	6688	1565
		8599	173	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8505	1070	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	365	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	39	1926	5010	3084
		21	149	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C HATHAM AREA	21	2423	DUPLICATE OF CLAIM-SYSTEM				
		7001	1287	EXCEEDS THE ONE PER DAY LIMITA TION	97	5692	9694	4002
		8505	1012	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404922	THE DURHAM CENT ER	23	48	SERVICE REQUIRES PRIOR APPROVA L				
		191	5	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	53	53	0
3404923	VGFW AREA AUTHO RITY	8505	476	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	172	CLIENT NOT ELIGIBLE ON SERVICE DATE	22	1047	2092	1045
		8800	117	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

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3404924	PIEDMONT AREA M H/DD/SAS	8525	3	CLAIM DENIED, REFERRING PROVIDER MUST BE AN LMA.				
		0	0		0	3	3	0
3404925	SANDHILLS CENTE R FOR MH/DD	8505	4963	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	486	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	94	6063	8306	2243
		8599	320	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN REGIONAL MENTAL HL	8599	3213	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	1847	ASTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	4098	13940	19365	5425
		21	1716	DUPLICATE OF CLAIM-SYSTEM				
3404927	CUMBERLAND CO MHC	8505	1464	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	300	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2008	2759	751
		8599	178	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/DD/SAS	8505	1130	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	187	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1602	1913	311
		21	156	DUPLICATE OF CLAIM-SYSTEM				
3404930	JOHNSTON COUNTY MNTL HLTHC	11	8	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	8	58	50
3404931	WAKE CO HUM SVC BILLING OF	8505	9139	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	242	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	4	9424	9488	64
		8502	20	CLAIM DENIED DUE TO INSUFFICIENT ALLOTMENT				
3404932	RANDOLPH/SANDHILL CO MH C	8505	3116	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	561	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	92	4890	7689	2799
		8502	492	CLAIM DENIED DUE TO INSUFFICIENT ALLOTMENT				

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3404933	SOUTHEASTERN CT R FOR MH/DD	8505	1423	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	99	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	33	1735	2127	392
		11	87	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404934	ONslow COUNTY B EHAVIORAL H	8599	232	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8800	48	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	10	402	2257	1853
		8625	25	SIX OCCURRENCES OF ASAO SERVIC ES HAVE PROCESSED AND PAID, PA IS REQUIRED FOR ADDITIONAL SER				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	1346	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8931	21	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	43	1432	2191	759
		8800	15	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404937	EDGEcombe NASH MNTL HLTH C	8505	2979	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	815	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	3798	3837	39
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	RIVERSTONE MENT AL HEALTH C	8599	171	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		10	92	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	86	495	1975	1480
		143	69	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404939	NEUSE MENTAL HE ALTH CENTER	11	193	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	188	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	822	1315	493
		8505	166	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404941	PITT CO MH/DD/S AS CENTER	8505	822	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	395	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	108	1689	4866	3177
		120	212	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				

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3404942	ROANOKE CHOWANH UMAN SERVIC	8505	1025	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	64	DUPLICATE OF CLAIM-SYSTEM	7	1183	2594	1411
		143	47	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404943	ALBEMARLE MENTA L HEALTH CE	8505	256	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	81	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	38	497	1462	965
		191	33	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404944	EASTPOINTE HUMA N SERVICES	8505	2181	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	247	DUPLICATE OF CLAIM-SYSTEM	193	3218	5121	1903
		8599	173	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	21	3314	DUPLICATE OF CLAIM-SYSTEM				
		8000	1450	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	337	6252	16434	10182
		8599	493	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404957	TIDELAND MENTAL HEALTH CTR	8505	1546	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	85	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	49	1732	2293	561
		8599	43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM H/DD/SA PRO	8505	7560	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	831	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	192	8737	9047	310
		8931	142	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				